CITY OF SAINT PAUL DIVISION OF PARKS AND RECREATION MUNICIPAL ATHLETICS 1500 N. RICE STREET SAINT PAUL, MN 55117

TEAM NAME				LEAGUE NAME				NIGHT OF PLAY		
SPORT	Adult Softb	all	ADULT:	MEN	_ WOMEN	CO-REC		FIELD SITE:		
ROST Rost	ER REQUIRE ers can be e-ma	MENT: Ro ailed to:muni *All players n *Ad	ster must be co i@ci.stpaul.mn nust have a Min ditions or subtra *Additions m	ompleted, si .us, fax: 651 nesota Drive actions may ust be received	gned, and sub 1-558-2237, or er's License I.I be made until red in writing p	omitted by team MAN r US postal/in person O., bordering State I.D. 24 hours prior to the sta prior to the halfway poi	AGERS to to to: Municipal, Military picart of the second of the second of the season to the season t	the Municipal Ath al Athletics, 1500 a cture I.D., or Comp ond half of the leag son to Municipal A	letics Office prior to first scheduled game. Rice St. St. Paul MN, 55117 any picture I.D. gue schedule. thletics.	
				ADDRESS				CITY & ZIP		
***MANAG	ER'S E-MAIL	ADDRESS								
	LISTED BELO					LIGIBLE PARTICIP	ANTS.	:	Manager's Signature	
PLAYER'S	NAME	HOME ADD	RESS, CITY &	ZIP DA	Y PHONE	WORK ADDRESS		WORK PHONE	E-MAIL ADDRESS	

PLAYER'S NAME	HOME ADDRESS, CITY & ZIP	HOME PHONE	WORK ADDRESS	WORK PHONE	E-MAIL ADDRESS